

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Healthcare Distribution Management Association Political Action Committee

ADDRESS (number and street)

901 North Glebe Road

Suite 1000

☐ Check if different
than previously
reported. (ACC)

Arlington

VA

22203

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00247569

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☐ January 31
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2010

through

07

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ann W. Bittman

Signature of Treasurer

Electronically Filed by Ann W. Bittman

Date

08

18

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 11

Write or Type Committee Name

Healthcare Distribution Management Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		61310.41
(b) Cash on Hand at Beginning of Reporting Period	60813.00	
(c) Total Receipts (from Line 19)	1879.32	44459.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	62692.32	105769.77
7. Total Disbursements (from Line 31)	7074.90	50152.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55617.42	55617.42
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Healthcare Distribution Management Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	W	Y
0	7	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1745.26	33885.64
(ii) Unitemized	132.00	2559.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1877.26	36444.82
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	8000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1877.26	44444.82
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2.06	14.54
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1879.32	44459.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1879.32	44459.36

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	74.90	152.35	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	74.90	152.35	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	50000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7074.90	50152.35	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7074.90	50152.35	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1877.26	44444.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1877.26	44444.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	74.90	152.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	74.90	152.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthcare Distribution Management Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Anita Ducca

Mailing Address 10508 Grove Ridge Place

City

Rockville

State

MD

Zip Code

20852-4656

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDMA

Occupation

Sr. Director, Reg Affairs & Healthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 0

Transaction ID: PR22569604879

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Scott Melville

Mailing Address 1596 Lupine Den Ct

City

Vienna

State

VA

Zip Code

22182-2165

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDMA

Occupation

Sr. VP, Govt. Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2920.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 0

Transaction ID: PR22569634879

Amount of Each Receipt this Period

416.00

P/R Deduction (\$208.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

John Gray

Mailing Address 10746 Riverscape Run

City

Great Falls

State

VA

Zip Code

22066-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDMA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2920.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 0

Transaction ID: PR22569644879

Amount of Each Receipt this Period

416.00

P/R Deduction (\$208.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

882.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Distribution Management Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kristen Freitas

Mailing Address 5904 N. 4th Street

City

Arlington

State

VA

Zip Code

22203-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDMA

Occupation

Director, Federal Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1116.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 1 0

Transaction ID: PR22569684879

Amount of Each Receipt this Period

166.66

P/R Deduction (\$83.33 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Daniel Bellingham

Mailing Address 15220 Philip Lee Road

City

Chantilly

State

VA

Zip Code

20151-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDMA

Occupation

Associate Director, State Gov't Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 1 0

Transaction ID: PR22569694879

Amount of Each Receipt this Period

41.60

P/R Deduction (\$20.80 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Perry Fri

Mailing Address 406 Sugarland Meadow Drive

City

Herndon

State

VA

Zip Code

20170-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDMA

Occupation

Sr. VP, Industry Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 1 0

Transaction ID: PR22569714879

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

308.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Distribution Management Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elizabeth Gallenagh

Mailing Address 6559 Old Carriage Lane

City

Alexandria

State

VA

Zip Code

22315-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDMA

Occupation

Sr. Director, State Gov't Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2010

Transaction ID: PR22569724879

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Tirza Niemann

Mailing Address 3454 Stafford Drive

City

Arlington

State

VA

Zip Code

22206-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDMA

Occupation

Director, Education

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2010

Transaction ID: PR22569834879

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Marjorie D. DePuy

Mailing Address 3010 Wisconsin Avenue, NW #302

City

Washington

State

DC

Zip Code

20016-5051

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDMA

Occupation

Director, I/R

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.98

Date of Receipt

MM / DD / YYYY
07 / 31 / 2010

Transaction ID: PR22569944879

Amount of Each Receipt this Period

25.00

P/R Deduction (\$12.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Distribution Management Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Karen J. Ribler

Mailing Address 5822 Nevada Avenue, NW

City

Washington

State

DC

Zip Code

20015-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDMA Center

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 0

Transaction ID: PR22569994879

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Anne E. Johnson

Mailing Address 12710 FRANKLIN FARM ROAD

City

OAK HILL

State

VA

Zip Code

20171-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDMA

Occupation

Manager, Executive Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 0

Transaction ID: PR28212884879

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Ann Bittman

Mailing Address 8101 Kerry Lane

City

Chevy Chase

State

MD

Zip Code

20815-4811

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDMA

Occupation

Sr. VP, Finance & Administration and C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 0

Transaction ID: PR29269934879

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

1745.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Distribution Management Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate	Transaction ID: 6024522 Date of Disbursement																				
Mailing Address 972 W Whitmire Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	2		2	0	1	0												
City Melbourne State FL Zip Code 32935	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Bill Nelson	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Hatch Election Committee Inc	Transaction ID: 6097478 Date of Disbursement																				
Mailing Address 175 South West Temple Suite 650	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	1	0												
City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Orrin G. Hatch	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010	Transaction ID: 6097479 Date of Disbursement																				
Mailing Address 5915 Eastman Avenue Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	1	0												
City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. David Lee Camp	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Distribution Management Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rogers For Congress

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Michael J. Rogers

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 08

Transaction ID: 6097481

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Joseph Crowley

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NY District: 07

Transaction ID: 6123820

Date of Disbursement

07 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kind For Congress Committee

Mailing Address 205 5th Avenue South
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Ron Kind

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WI District: 03

Transaction ID: 6123825

Date of Disbursement

07 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

7000.00